

MAINE MEDICAID NCPDP VERSION D.Ø PAYER SHEET

REQUEST CLAIM BILLING/CLAIM REBILL

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

| | |
|---|--|
| Payer Name: Maine Medicaid | Date: February 20, 2015 |
| Plan Name/Group Name: Maine Medicaid (MEPOP) | BIN: ØØ5526 PCN: MEPOP |
| Processor: Goold Health Systems (GHS) | |
| Effective as of: March 27, 2014 | NCPDP Telecommunication Standard Version/Release #: D.Ø |
| NCPDP Data Dictionary Version Date: July 2007 | NCPDP External Code List Version Date: October 2011 |
| Contact/Information Source: | |
| Certification Testing Window: | |
| Certification Contact Information: 1-877-553-8455 POS Tech Support | |
| Provider Relations Help Desk Info: 1-888-420-9711 | |
| Other versions supported: | |

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

| Transaction Code | Transaction Name |
|------------------|------------------|
| B2 | Claim Reversal |

FIELD LEGEND FOR COLUMNS

| Payer Usage Column | Value | Explanation | Payer Situation Column |
|-----------------------|-----------|--|------------------------|
| MANDATORY | M | The Field is mandatory for the Segment in the designated Transaction. | No |
| REQUIRED | R | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. | No |
| QUALIFIED REQUIREMENT | RW | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes |

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|--|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|---------|---|---------------|-------------|---|
| 1Ø1-A1 | BIN NUMBER | ØØ5526 | M | BIN for Maine Medicaid |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | M | B1 – Claim billing B3 – Claim Rebill |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | MEPOP | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Ø1- Ø4 | M | Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences |

| Transaction Header Segment | | | | Claim Billing/Claim Rebill |
|----------------------------|----------------------------------|---------------------------------------|-------------|--------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01=National Provider Identifier (NPI) | M | Only the NPI is supported |
| 201-B1 | SERVICE PROVIDER ID | | M | NPI of the submitting pharmacy |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank Fill | M | No other values required |

| Insurance Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| Insurance Segment Identification (111-AM) = "04" | | | | Claim Billing/Claim Rebill |
|--|--------------------------------|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | Member ID as issued to the Medicaid Beneficiary |
| 309-C9 | ELIGIBILITY CLARIFICATION CODE | | RW | <i>Imp Guide:</i> Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. <i>Payer Requirement:</i> Required if needed to clarify eligibility status in order to support claim approval |
| 301-C1 | GROUP ID | | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. <i>Payer Requirement:</i> Same as Implementation Guide |
| 306-C6 | PATIENT RELATIONSHIP CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the Patient to the Cardholder. <i>Payer Requirement:</i> Same as Imp. Guide |

| Patient Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| Patient Segment Identification (111-AM) = "01" | | | | Claim Billing/Claim Rebill |
|--|---------------------|-------|-------------|--|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | | R | Must Match DOB in Recipient File |
| 305-C5 | PATIENT GENDER CODE | | R | |
| 310-CA | PATIENT FIRST NAME | | RW | <i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> This field is always sent |
| 311-CB | PATIENT LAST NAME | | R | |

| | Patient Segment Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|--------------|---|--------------|--------------------|--|
| <i>Field</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 322-CM | PATIENT STREET ADDRESS | | RW | <i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Send if available |
| 323-CN | PATIENT CITY ADDRESS | | RW | <i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Send if available |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | RW | <i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Send if available |
| 3Ø7-C7 | PLACE OF SERVICE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp. Guide |
| 335-2C | PREGNANCY INDICATOR | | RW | <i>Imp Guide:</i> Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when known |
| 384-4X | PATIENT RESIDENCE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp Guide |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|---|--------------|---|
| This Segment is always sent | X | |
| This payer supports partial fills | | |
| This payer does not support partial fills | X | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|----------------|---|--|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | ØØ=Compound Ø1=UPC Ø2=HRI Ø3=NDC | M | Use 'ØØ' only when submitting claims for compounded prescriptions, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7 |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | Ø=Original Dispensing 1 to 99 = Refill Number | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | 1=Not a Compound 2=Compound | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---------|--|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | Ø=Not Specified 1 to 99 | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Required when available on first fill. |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Required when known |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | All other codes will reject Ø1=No Override Ø2=LTC 1 day supply Ø5=Therapy Change Ø8=Compounds 99=Other (LTC, NF Residential/Assisted Living Facility transfers) | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). <i>Payer Requirement:</i> Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products Ø5= The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. 99=(LTC, NF Residential/Assisted Living Facility transfers) MEPOP does not support split billing |
| 3Ø8-C8 | OTHER COVERAGE CODE | 0=Not specified 1=No other coverage identified 2=Other Coverage Exists-payment collected 3=Other coverage exists-this claim not covered 4= Other Coverage Exists-payment not collected | RW | <i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Other Coverage Code of 8 is not allowed with Coordination of Benefits option 3. Required for Coordination of Benefits. |
| 6ØØ-28 | UNIT OF MEASURE | | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Recommended to submit if compounded prescription claim and Compound Code (4Ø6-D6) = 2. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | Ø=Not Specified 1=Prior Auth 2=Med Cert 4=Exemption from Copay | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Provide value 2 = Medical Certification and also supply clarifying State defined override in PA |

| | Claim Segment Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill |
|---------|--|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Number Submitted (462-EV) |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | Normal prior authorization numbers submitted when requested by processor. Special PA numbers are submitted by the pharmacist. MEPOP Override Codes: 196=96 hr emergency supply 110=10 day override 130=34 Day Supply | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Submit the value provided by MEPOP staff when needed to override standard rules of coverage. Use 110 to override a refill-to-soon when patient is waiting for mail-order refill. Use 130 for LTC |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> Same as Imp. Guide |

| Pricing Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| | Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|---------|--|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp. Guide |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp Guide |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 480-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | RW | <i>Imp Guide:</i> Required if needed per trading partner agreement. |

| Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill | |
|--|-----------------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | <i>Payer Requirement:</i> Maine Medicaid agreements require submission of Usual and Customary Charge. |
| 423-DN | BASIS OF COST DETERMINATION | | RW | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication. <i>Payer Requirement:</i> Same as Imp. Guide |

| Prescriber Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|------------------------------|-------|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Prescriber Segment Segment Identification (111-AM) = "03" | | | Claim Billing/Claim Rebill | |
|---|-------------------------|--|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | 12=Drug Enforcement Administration (DEA) Please continue to send 12=DEA | RW | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Field should always be sent |
| 411-DB | PRESCRIBER ID | DEA | RW | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> DEA of prescriber required |
| 427-DR | PRESCRIBER LAST NAME | | RW | <i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. <i>Payer Requirement:</i> Same as Imp Guide |
| 498-PM | PRESCRIBER PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. <i>Payer Requirement:</i> Same as Imp Guide. |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|--|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required only for secondary, tertiary, etc claims. |
| Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) | X | |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) |
|---------|---|-----------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. <i>Payer Requirement:</i> Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C). |
| 34Ø-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Submit National Payer ID (also referenced as "HPID") of the primary payer when available, otherwise the BIN of the primary payer is required. |
| 443-E8 | OTHER PAYER DATE | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Payment or denial date of the claim submitted to the other payer. |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | | <i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. <i>Payer Requirement:</i> Required when Other Payer Amount Paid Qualifier (342-HC) is used. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Only Ø7= Drug Benefit | | <i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. <i>Payer Requirement:</i> Required when Other Payer Amount Paid (431-DV) is used. |
| 431-DV | OTHER PAYER AMOUNT PAID | | | <i>Payer Requirement:</i> Required if other payer has returned a paid response. If OCC=2 (308-C8), value > Ø . |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 472-6E | OTHER PAYER REJECT CODE | | RW | <i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). <i>Payer Requirement:</i> Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E) |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | | Claim Billing/Claim Rebill |
|---|---|-----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Ø6=Patient Pay Amount | RW | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement:</i> Maine Medicaid only accepts the 06=Patient Pay Amount. Components of Patient Pay (01-05, 07-13) submitted will result in claim rejection |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | RW | <i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. <i>Payer Requirement:</i> Required to identify components of patient responsibility amount assigned by other payer as indicated in the other payer's claim response. |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | | | Claim Billing/Claim Rebill |
|---|---------------------------|---------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW | <i>Imp Guide:</i> Required if DUR/PPS Segment is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement:</i> Same as Imp. Guide |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. |

| | DUR/PPS Segment Identification (111-AM) = "Ø8" | | | Claim Billing/Claim Rebill |
|---------|--|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement: Same as Imp. Guide</i> |
| 441-E6 | RESULT OF SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement: Same as Imp. Guide</i> |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement: Same as Imp. Guide</i> |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if DUR Co-Agent ID (476-H6) is used. <i>Payer Requirement: Same as Imp. Guide</i> |
| 476-H6 | DUR CO-AGENT ID | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement: Same as Imp. Guide</i> |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from Maine Medicaid |

| | Compound Segment Identification (111-AM) = "1Ø" | | | Claim Billing/Claim Rebill |
|---------|---|----------------------------|-------------|----------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø1=UPC Ø2=HRI Ø3=NDC | M | |

| Compound Segment Segment Identification (111-AM) = "10" | | | Claim Billing/Claim Rebill | |
|---|---|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 489-TE | COMPOUND PRODUCT ID | | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | RW | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required when the pharmacy is seeking compensation for the individual ingredient. |
| 490-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | RW | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required when a value is submitted in Compound Ingredient Drug Cost (449-EE) |

| Clinical Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Segment required to capture necessary information for Subrogation |

| Clinical Segment Segment Identification (111-AM) = "13" | | | Claim Billing/Claim Rebill | |
|---|--------------------------|---|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 491-VE | DIAGNOSIS CODE COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 492-WE | DIAGNOSIS CODE QUALIFIER | 99=Other | RW | <i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used. <i>Payer Requirement:</i> Required when Diagnosis Code (424-DO) is submitted. |
| 424-DO | DIAGNOSIS CODE | CA or 22=Long Acting Narcotics-Cancer HO or 46=Long Acting Narcotics-Hospice SC or 72=Change dose strength w/valid PA 5=ADHD 6=Pernicious or Megaloblastic Anemia 8=Renal Failure 9=Paraplegia/Quadriplegia AX or 29 = Anxiety OA or 62= Opiate Addiction | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Submission will be accepted using either the alpha or numeric code. |

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

** Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet **

GENERAL INFORMATION

| | |
|---|--------------------------------------|
| Payer Name: Goold Health Systems | Date: February 20, 2015 |
| Plan Name/Group Name: Maine Medicaid (MEPOP) | BIN: 005526 PCN: MEPOP |

CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|-------------------------------------|--------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Return when needed for transmission level messaging.</i> |

| | Response Message Segment Identification (111-AM) = "20" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|--------------------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Insurance Segment Identification (111-AM) = "25" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | |

| | Response Insurance Segment Segment Identification (111-AM) = "25" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 301-C1 | GROUP ID | | RW | <i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. <i>Payer Requirement:</i> Same as Imp. Guide |
| 568-J7 | PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Payer ID (569-J8) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 569-J8 | PAYER ID | | RW | <i>Imp Guide:</i> Required to identify the ID of the payer responding. <i>Payer Requirement</i> Same as Imp. Guide |
| 302-C2 | CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if the identification to be used in future transactions is different than what was submitted on the request. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|--|--------------|--|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|-------------------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Will be returned |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|----------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Will be returned |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|--------------|--|
| This Segment is always sent | X | |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|---------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response Pricing Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|--------------|--|
| This Segment is always sent | X | |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 5Ø5-F5 | PATIENT PAY AMOUNT | | R | Reflects the Medicaid Copay amount |
| 5Ø6-F6 | INGREDIENT COST PAID | | R | |
| 5Ø7-F7 | DISPENSING FEE PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. <i>Payer Requirement:</i> Same as Imp. Guide |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|---|---------------------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). <i>Payer Requirement:</i> Same as Imp. Guide |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 565-J4 | OTHER AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). <i>Payer Requirement:</i> Same as Imp Guide, but will never be greater than Ø. |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. <i>Payer Requirement:</i> Same as Imp. Guide |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Return 14 = Other Payer-Patient Responsibility Amount to Indicate reimbursement was based on the Other Payer-Patient Responsibility Amount (352-NQ) |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. <i>Payer Requirement:</i> Same as Imp Guide |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| | | | | <i>purposes only.</i> <i>Payer Requirement: Same as Imp. Guide</i> |
| 514-FE | REMAINING BENEFIT AMOUNT | | RW | <i>Imp Guide: Provided for informational purposes only.</i> <i>Payer Requirement: Same as Imp. Guide</i> |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes deductible</i> <i>Payer Requirement: Same as Imp Guide</i> |
| 518-FI | AMOUNT OF COPAY | | RW | <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.</i> <i>Payer Requirement: Same as Imp. Guide</i> |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | RW | <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.</i> <i>Payer Requirement: Same as Imp Guide</i> |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | | RW | <i>Imp Guide: Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.</i> <i>Payer Requirement: Same as Imp Guide</i> |
| 572-4U | AMOUNT OF COINSURANCE | | RW | <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.</i> <i>Payer Requirement: Same as Imp. Guide</i> |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | | RW | <i>Imp Guide: Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero.</i> <i>Payer Requirement: Same as Imp Guide</i> |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | RW | <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another</i> <i>Payer Requirement: Same as Imp Guide</i> |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug. <i>Payer Requirement:</i> Same as Imp Guide |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON- PREFERRED FORMULARY SELECTION | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. <i>Payer Requirement:</i> Same as Imp Guide |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product. <i>Payer Requirement:</i> Same as Imp Guide |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | RW | <i>Imp Guide:</i> Required when the patient's financial responsibility is due to the coverage gap. <i>Payer Requirement:</i> Same as Imp Guide |
| 148-U8 | INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT | | RW | Required when a Basis of Reimbursement Determination (522- FM) is "14" (Patient Responsibility Amount" or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency |
| 149-U9 | DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT | | RW | Required when a Basis of Reimbursement Determination (522- FM) is "14" (Patient Responsibility Amount" or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|--------------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|-------------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement:</i> Same as Imp Guide |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 53Ø-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531- FV) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø- FU) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|--|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission level messaging |

| Field # | Response Message Segment Identification (111-AM) = "20" | Value | Payer Usage | Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i> |
|---------|---|-------|-------------|---|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|--------------------------------------|-------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Field # | Response Insurance Segment Identification (111-AM) = "25" | Value | Payer Usage | Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i> |
|---------|---|-------|-------------|---|
| 301-C1 | GROUP ID | | RW | <i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. <i>Payer Requirement:</i> Same as Imp. Guide |
| 568-J7 | PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Payer ID (569-J8) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 569-J8 | PAYER ID | | RW | <i>Imp Guide:</i> Required to identify the ID of the payer responding. <i>Payer Requirement:</i> Same as Imp. Guide |

| | Response Insurance Segment Segment Identification (111-AM) = "25" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 302-C2 | CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if the identification to be used in future transactions is different than what was submitted on the request. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|---|----------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as Imp. Guide |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp. Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Billing/Claim Rebill Accepted/Rejected |
|--|------------------------|-------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---|--|---------------------|----------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 551-9F | PREFERRED PRODUCT COUNT | Maximum count of 6. | | <i>Imp Guide:</i> Required if Preferred Product ID (553-AR) is used. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|----------------------------------|----------------------------------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement:</i> Same as Imp Guide |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|----------------------------|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 530-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |

| Response Transaction Header Segment | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected |
|-------------------------------------|-------------------------------|--------------------------|--|
| Field # | NCPDP Field Name | | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M |
| 103-A3 | TRANSACTION CODE | B1, B3 | M |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M |
| 501-F1 | HEADER RESPONSE STATUS | R = Rejected | M |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M |
| 401-D1 | DATE OF SERVICE | Same value as in request | M |

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission level messaging |

| Response Message Segment Segment Identification (111-AM) = "20" | Claim Billing/Claim Rebill Rejected/Rejected |
|---|--|
| | |

| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
|---------|------------------|-------|-------------|---|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Response Status Segment Identification (111-AM) = "21" | | | | Claim Billing/Claim Rebill Rejected/Rejected |
|--|---|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp. Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

**** End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

MAINE MEDICAID NCPDP VERSION D.Ø CLAIM REVERSAL

REQUEST CLAIM REVERSAL

**** Start of Request Claim Reversal (B2) Payer Sheet ****

GENERAL INFORMATION

| | |
|---|--------------------------------------|
| Payer Name: Goold Health Systems | Date: February 2Ø, 2Ø15 |
| Plan Name/Group Name: Maine Medicaid (MEPOP) | BIN: ØØ5526 PCN: MEPOP |

FIELD LEGEND FOR COLUMNS

| Payer Usage Column | Value | Explanation | Payer Situation Column |
|-----------------------|-----------|---|------------------------|
| MANDATORY | M | The Field is mandatory for the Segment in the designated Transaction. | No |
| REQUIRED | R | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. | No |
| QUALIFIED REQUIREMENT | RW | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes |
| NOT USED | NA | The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed). | No |

| Question | Answer |
|--|---|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | ME Medicaid will accept reversal/resubmission for 1 year from date of service |

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

| Transaction Header Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|--|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal <i>Payer Situation</i> |
|---------|---|---------------------------------|-------------|---|
| 1Ø1-A1 | BIN NUMBER | ØØ5526 | M | BIN for ME Medicaid |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | MEPOP | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Ø1-Ø4 | M | Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1=National Provider Identifier | M | Only the NPI is supported |

| Transaction Header Segment | | | Claim Reversal | |
|----------------------------|----------------------------------|------------|----------------|----------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 201-B1 | SERVICE PROVIDER ID | | M | NPI of submitting pharmacy |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M | No other values supported |

| Insurance Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Insurance Segment Segment Identification (111-AM) = "04" | | | Claim Reversal | |
|--|------------------|-------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | |
| 301-C1 | GROUP ID | | RW | Imp Guide: Required if needed to match the reversal to the original billing transaction. Payer Requirement: Same as Imp. Guide |

| Claim Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| Claim Segment Segment Identification (111-AM) = "07" | | | Claim Reversal | |
|--|---|---|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | | M | Imp Guide: For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | 00 – For compound submissions 01 – Universal Product Code (UPC) 02 – Health Related Item (HRI) 03 – National Drug Code (NDC) | M | |
| 407-D7 | PRODUCT/SERVICE ID | | M | |
| 403-D3 | FILL NUMBER | Same value as original Claim Billing, if sent | RW | Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day. Payer Requirement: Same as Imp Guide |

**** End of Request Claim Reversal (B2) Payer Sheet ****

RESPONSE CLAIM REVERSAL PAYER SHEET

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

** Start of Claim Reversal Response (B2) Payer Sheet **

GENERAL INFORMATION

| | | |
|---|--------------------------------|-------------------|
| Payer Name: Goold Health Systems | Date: February 20, 2015 | |
| Plan Name/Group Name: Maine Medicaid (MEPOP) | BIN: 005526 | PCN: MEPOP |

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Reversal – Accepted/Approved |
|----------------|-------------------------------------|--------------------------|--------------------|------------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Provide general information when used for transmission-level messaging. |

| | Response Message Segment Identification (111-AM) = "20" | | | Claim Reversal – Accepted/Approved |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| | Response Status Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Approved |
|----------------|--|---------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as Imp. Guide |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Reversal – Accepted/Approved |
|--|---|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 548-6F | APPROVED MESSAGE CODE | | RW | <i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. <i>Payer Requirement:</i> Same as Imp. Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Reversal – Accepted/Approved |
|---|---|---------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Reversal – Accepted/Rejected |
|----------------|--|--------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i> |
|---|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission level messaging |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Reversal – Accepted/Rejected |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected |
|----------------|---|----------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp. Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Reversal – Accepted/Rejected |
|--|---|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Claim Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Reversal – Accepted/Rejected |
|---|---|---------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Rejected/Rejected If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |

| Response Transaction Header Segment | | | | Claim Reversal – Rejected/Rejected |
|-------------------------------------|-------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 4Ø1-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | | |

| Response Message Segment Segment Identification (111-AM) = "20" | | | | Claim Reversal – Rejected/Rejected |
|---|------------------|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |

| Response Status Segment Questions | Check | Claim Reversal - Rejected/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Reversal – Rejected/Rejected |
|--|---|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp. Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp. Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

**** End of Claim Reversal (B2) Response Payer Sheet ****